\mathcal{M}	TERRITORIAL BOARD OF HEALIST
County of 1 Ad	BUREAU OF VITAL STATISTICS. Tu. Edex 100
District of	ORIGINAL CERTIFICATE OF BIRTH. Co. Register No.
Town of	Local Registrar's No
City of	St;
FULL NAME OF CHILD	Born YES
If child is not named, make Supplemental Report on blank chiainable for	(Aute) De
Sex of Child Twin, Triplet or other and I said Num in or of bit	der - Land Academic Charles 2 th and the
FATHER COX Rounds	Fall MOTHER Maiden Management
Residence HH30 als Dt.	Residence
Color or Race Birthday S.) (Years)	Color or Race Age at last 26 Birthday (Years)
Birthplace Phoenie aus in a	Birthplace Salvonil, Typas
Occupation Jravelling Saleam a	Occupation Wansembi
Number of child of this mother 2 Number of children, of this moth	net, now living . / Wer: Precautions taken against Ophthalmia neonatorum?
CERTIFICATE OF ATTEN	DING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above ch	ild; and that it occurred on, While 25 19 11, at 91
*When there is no attending physician or axidwife, then the householder should make this return.	(Signature) (Attending physician, midwife, helpscholder, *)
Given or christian name added from a	,
supplemental report191	Address
Filed (A.	LOCAL REGISTEAR.
098-425-491 Filed	May 191 BS Jay TUL
COUNTY ENGISTEER.	COURTY REQUITAGE.